



09-12.05

IFW #

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Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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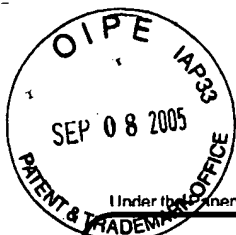
| | | | |
|--|-----------------------------|-------------------------------|-------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/715,319 | |
| | Filing Date | Nov. 17, 2003 | |
| | First Named Inventor | Fred D. LANG | |
| | Group Art Unit | 2857 | |
| | Examiner Name | Manuel L. BARBEE | |
| Total Number of Pages in This Submission | 34 | Attorney Docket Number | 11700 |

| ENCLOSURES (check all that apply) | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for a Patent) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Reply Pages 28 | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Terminal Disclaimer, Pages 1. |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | Two Statements Under 37 CFR 3.73(b), Pages 2. |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | Cert. of Mailing with return receipt Postcard, Pages 1. |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | Please expedite this transmittal to GAU 2857. | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|-------------------------------|
| Firm or Individual name | FRED D LANG, pro se Applicant |
| Signature | |
| Date | September 8, 2005 |

| CERTIFICATE OF TRANSMISSION | | | |
|---|-------------|------|-----------|
| I hereby certify that this correspondence is being deposited with the US Postal Service with sufficient postage in an EXPRESS MAIL envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA., on this date: 9/08/2005 | | | |
| Typed or printed name | FRED D LANG | | |
| Signature | | Date | 9/08/2005 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 140.00

Complete if Known

| | |
|----------------------|------------------|
| Application Number | 10/715,319 |
| Filing Date | Nov. 17, 2003 |
| First Named Inventor | Fred D. LANG |
| Examiner Name | Manuel L. BARBEE |
| Art Unit | 2857 |
| Attorney Docket No. | 11700 |

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| | | | | |
|---------------------|-------------------------------|-----------------|----------------------|----------------------------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
| 76 | - 20 or HP = 56 (53 paid for) | \$25 | = \$75 | |

HP = highest number of total claims paid for, if greater than 20.

| | | | |
|----------------------|----------------------------|-----------------|----------------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| 12 | - 3 or HP = 9 (9 paid for) | \$100 | = \$0 |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 = | / 50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____ Terminal Disclaimer (Code 2814) 65.00

SUBMITTED BY

| | | | |
|-------------------|--------------------------------|-----------------------------------|------------------------|
| Signature | | Registration No. (Attorney/Agent) | Telephone 415-455-0100 |
| Name (Print/Type) | FRED D. LANG, pro se Applicant | Date | September 8, 2005 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CERTIFICATION OF MAILING UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence and the documents, papers and/or fees referred to as attached therein are being deposited with the United States Postal Service on **Sept. 8, 2005**, in an envelope as "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 CFR 1.8, Mailing Label Number EU870783567US addressed to the:

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Commissioner for Patents and Trademarks
P.O. Box 1450
Alexandria, VA 22313-1450

FRED D. LANG, Applicant

Name of Person This Mailing

Signature of Person This Mailing

Docket No.: 11700
Application No.: 10/715,319
Inventor & Appl.: Fred D. Lang
Title: METHOD FOR DETECTING HEAT EXCHANGER TUBE
FAILURES AND THEIR LOCATION WHEN USING INPUT/LOSS
PERFORMANCE MONITORING OF A RECOVERY BOILER

Total Pages: 34.

- ☐ Transmittal form; Pages 1
- ☐ Fee Transmittal with Fee of \$140 by check #1795; Pages 1
- ☐ Terminal Disclaimer; Pages 1
- ☐ Statement Under 37 CFR 3.73(b) (PTO/SB/96) for Appl. 10/715,319; Pages 1
- ☐ Statement Under 37 CFR 3.73(b) (PTO/SB/96) for Pat. 6,522,994; Pages 1
- ☐ Amendment, Pages 28.
- ☐ this Certificate of Mailing w/Postcard for return receipt.